The Hampden Hippocrat

OCTOBER
1977

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PRESIDENT 1977-78
AUXILIARY TO THE
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OCTOBER - 1977 VOL. XXXIII-NO. 8

The official bulletin
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of The Massachusetts
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THE HAMPDEN HIPPOCRAT IS PUBLISHED MONTHLY EXCEPT FOR JULY AND AUGUST.
THE OPINIONS EXPRESSED IN THIS BULLETIN ARE THOSE OF THE WRITERS AND DO NOT REFLECT THE OFFICIAL VIEWPOINT OF THE HAMPDEN DISTRICT MEDICAL SOCIETY UNLESS SO STATED.
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A MESSAGE TO H.D.M.S.

MRS. CHESTER L. YOUNG
PRESIDENT
AMERICAN MEDICAL ASSOCIATION
AUXILIARY

I wish that I could meet and greet each of you personally.

But since that isn't possible, I want to take this opportunity to do it in writing.

Another AMA Auxiliary year has begun -- another year in which we have the opportunity to show the people in our communities that we care.

We're so fortunate to have an organization through which we can work to extend our physician-spouses' hearts and hands in helping people.

And we're fortunate to have a force of 80,000 members across the country, all working to improve the health and health care of the people around them.

The vitality of our organization is you, the membership. Your help, your hands, your concern are what make our goals reality.

I thank you for all you have done. And I urge you to continue your work. It is your support that will make this year another step forward -- for the auxiliary, for the medical profession, and for the people in our communities.

□

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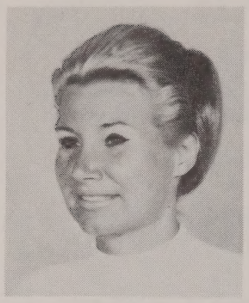


A MESSAGE TO H.D.M.S.

MRS. LEONARD BOURAS
PRESIDENT
MASSACHUSETTS MEDICAL SOCIETY
AUXILIARY

With your help we shall succeed in the programs we have chosen. Here are some special areas on which we shall focus our attention:

We can begin with Legislation, perhaps the most vital matter affecting medicine today.

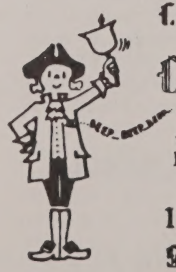
Legislative action will be a major part of our program this year. This means the responsibility lies with the legislation committees at the National, State and County levels. They must establish activities and programs for the Auxiliary, as well as to promote successful involvement of our members.

Our purpose is to keep our membership informed and up-to-date on legislative issues concerning organized medicine, and to involve our membership in working for good medical legislation....

Another area of concern is membership. Recruiting and retaining members is an ever-present responsibility for all volunteer organizations. When membership increases, the organization can increase its services, and, increased services attract more members.

Here are a few good resons why people join organizations:
First they believe in the organization and its objectives. They can use the services of the organization. They want to keep informed. They can obtain educational advantage, and last of all they need to feel needed....

A very important part of our work concerns AMA-ERF, which, as you know, stands for American Medical Association Education and Research Foundation. This is our only National Philanthropic Fund-Raising effort. As physicians' spouses we must be vitally interested in the future of medicine in this country and in the betterment of medical education. The need is great. The cost of providing quality



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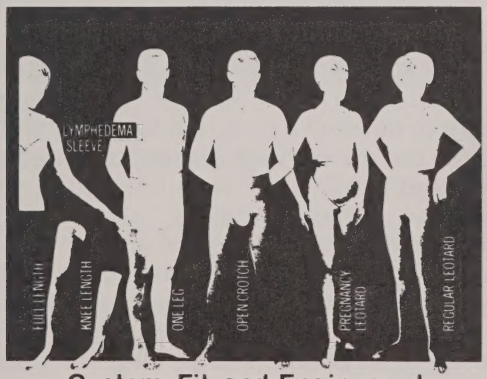
medical education and supporting research in the medical institutions in this country is staggering.

To date the Foundation has distributed gifts of more than $28 million dollars in unrestricted grants directly to the Nation's medical schools, and guaranteed over 60,000 loans, worth more than $77 million dollars for medical students, interns and residents. Approximately two-thirds of AMA-ERF Funds, including physicians' contributions, are derived from Auxiliary efforts....

We should also focus our attention on Nutrition. There is a great need to educate some of our members and the public to the importance of good nutrition. Now as never before we are acutely aware of malnutrition, not only as it relates to underdeveloped countries, but also as it exists in our own communities.

Information is available from National Auxiliary for programs to improve your own and your family's nutritional habits as well as how to educate others....

While these are the areas on which we will devote our greatest attention, it should be noted that other important work remains to be done, including such matters as: Communications; By-laws; Focus on Children; Community Services and Health Education; Film Library; Health Careers; and perhaps our most successful program, The Quality of Life Lectures and Seminars. □



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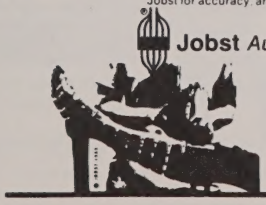

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A MESSAGE FROM:

MRS. ROBERT J. BYE, PRESIDENT HAMPDEN DISTRICT MEDICAL AUXILIARY

It is indeed a pleasure and an honor for me to serve as president of the Auxiliary to the Hampden District Medical Society. In this coming year there are three major areas in which we need to give particular attention to; legislation, health education and communications.

Once again this is a big year for medical legislation. With increasing involvement by the government in our daily lives it becomes imperative to keep ourselves informed and to take a positive stand against this entanglement. The situation becomes more intense each year and if we are to maintain a secure foothold it is important that we urge our physician husbands to participate in the various committees in support of constructive medical legislation. It is essential that we know the issues at hand so that we are better able to converse with members ofthe public, who are ever ready to criticize and condemn the medical profession. With this approach - to listen, think and explain we can educate others to know that our medical profession is their ally and have their best interests at heart and in mind.

Another area which I am especially enthusiastic about is our new project in health education. The Springfield Museum of Science has asked our Auxiliary to develop a program for children based on the "five senses." Located in the Junior Department of the museum the room is called "The Touch and See Room." It will be equipped with instruments such as stethoscopes, reflex hammers, etc., - devices to stimulate interest in health education in youngsters and to further their education relating to the areas of sight, sound, taste, touch and smell. This is an opportunity for you as auxiliarians to expand your creative talents and to contribute your time to a community project that will enhance your status as an individual in addition to serving the public.

Last but not least is communication. Through better communications we are able to understand one another and appreciate the differences in each other. It also makes way for a richer interchange of thoughts, feelings, and information. It extends the hand of friendship a little further and makes way for a happy auxiliary. So participate, for progress, education and friendship.

□

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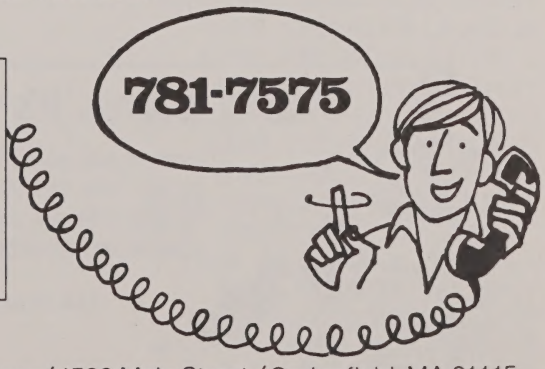

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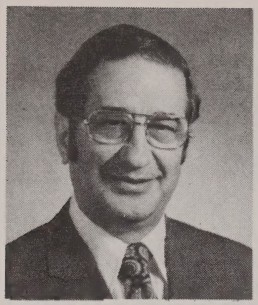

PRESIDENT'S PAGE

"CONCERNED"

The annual dedication of this issue of the Hippocrat to the Auxiliary of the Hampden District Medical Society affords a special opportunity not only to praise auxilians for meaningful accomplishments but also to examine concisely its role and responsibilities.

In recent years the Auxiliary has broadened its' concerns and activities from microcosm, macrocosm, from individual to society, from scholarships to forums such as the recent one on Quality Health Care.

Neither government regulation nor personal gain has compelled the Auxiliary membership to expend time and energy in fulfillment of their goals. The compulsion comes from intelligent recognition of societal problems, from caring for person and family to caring for persons and the family of man.

There can be no disagreement about the problems which beset us all, citizens, patients, physicians: the decline in the quality and quantity of services, the impoverishment in political leadership and morality, the inflation in costs and expectations, the loss of security and sanity.

The Auxiliary has rebutted the caveat that the problems are societal and therefore beyond our experitse. The auxilian's goal is clear; A better quality of life for all people.

It is helping to find the way it should be done.

□

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PROGRAM OF AUXILIARY TO H.D.M.S.

WEDNESDAY, AUGUST 17, 1977
SHOPPING TRIP TO COHOES
Chairwoman: Mrs. D. Sean Restall

TUESDAY MORNING, SEPTEMBER 20, 1977
CONFERENCE ON LEGISLATION
(in conjunction with the auxiliaries Bay State Medical Center Springfield-Wesson Women's Unit, Wesson Memorial Unit, and Mercy Hospital)

THURSDAY, SEPTEMBER 29, 1977
SHOPPING TRIP TO COHOES
Chairwoman: Mrs. D. Sean Restall

SATURDAY, OCTOBER 29, 19777 - WHITE CAP BALL
Crestview Country Club
Chairwoman: Mrs. Harvey M. Grant
Co-Chairwoman: Mrs. Vincent Guardione

TUESDAY, DECEMBER 6, 1977
HOLIDAY TEA AND BOUTIQUE
1:00 P.M. at the home of Mrs. Robert Bye
170 Overbrook Road, Longmeadow
Chairwoman: Mrs. Sante Caldarola
Co-Chairwomen: Mrs. D. Sean Restall
Mrs. George Pelletier

Boutique: Mrs. Munir Abbasy
Mrs. Robert Gray
Mrs. Andrew Gainski
Mrs. John Zadworny

WEEK OF JANUARY 14 to 21 - MEDICAL SEMINAR
St. Maarten, Mullet Bay
Sponsored by H.D.M.S.
Social Program by the Auxiliary to H.D.M.S.

MARCH - JAZZ CONCERT - Details to be announced
Chairwoman: Mrs. William Yorzyk
Co-Chairwoman: Mrs. Walton Stevens

TUESDAY, APRIL 25, 1978 - CHAMPAGNE BRUNCH AND FASHION SHOW - ANNUAL MEETING
10:30 A.M. - LONGMEADOW COUNTRY CLUB
Chairwoman: Mrs.Sante Caldarola
Co-Chairwomen: Mrs. Joel Bettigole
Mrs. Leandre Giguere
Fashions by Van Laws of Suffield
Chairwoman: Mrs. Louis Corsaro

SCHOLARSHIP RECIPIENTS

The Auxiliary to the Hampden District Medical Society has awarded $200 scholarships to each of thirteen local students who are pursuing careers in nursing, medical technology and physical therapy. The recipients are annually eligible to receive additional funds till the completion of their programs, providing they maintain scholarship requirements and meet board approval. All winners are residents of Hampden County. In addition to the announced awards, twelve other scholarships, amounting to $2150, were renewed. All scholarship funds equal $4750. The Health Career Scholarship funds are derived primarily from the annual White Cap Ball and the Jazz Concert which the auxiliary sponsors. Scholarships are awarded on the basis of need, character, scholarship and aptitude to applicants who are accepted in an accredited school in a medically related field.

□

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Salem State College
School of Nursing

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East Longmeadow
Ithaca College
Medical Technology

Patricia Creighton
East Longmeadow
Simmons College
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Linda Fabbri
Chicopee
Fitchburg State College
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Michelle Gregalis
Agawam
Quinnipiac College
School of Medical Technology

Elizabeth Lucius
Springfield
Fitchburg State College
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Cynthia Lyons
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Fitchburg State College
School of Nursing

Laurie Maloney
Holyoke
St. Francis School of Nursing

Cynthia Major
Chicopee
St. Vincent's
School of Nursing

Joanne McCormick
West Springfield
Rivier College
Medical Laboratory Technology

Paul Pisarski
Palmer
Fitchburg State College
School of Nursing

Michele M. Richard
West Springfield
Boston College
School of Nursing

Joanne Zajchowski
Springfield
St. Elizabeth's
School of Nursing

A REPORTERS MESSAGE

RUTH DANCKERT
THE MORNING UNION

Cynthia Bye believes the Auxiliary to the Hampden District Medical Society is an exception to the rule.

At a time when women's clubs are falling victim to apathy over the tea-and-luncheon syndrome, the medical society auxiliary is alive and well--with an influx of new members and board enthusiasm over programs like a panel discussion on quality health care held this month.

Elected president after two years as legislative chairman of the auxiliary, Cynthia sees the auxiliary moving in a more professional direction than many women's clubs.

"Women don't want to get into an organization they're not going to get something out of," she suggested. "And they don't seem to have the time or interest for luncheons or tea parties."

So what are they getting this year?

The traditional fall meeting consisted of a panel discussion on "Quality Health Care, Its Planning, Its Costs" jointly sponsored by the medical society auxiliary and the three Springfield hospital auxiliaries. The meeting, geared to airing the various attitudes of health care providers and consumers, was open to the public and is typical of the

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kinds of professional programing Cynthia would like to see offered in the future.

Auxiliary members are also playing a vital, if traditional, role in health education through the nearly $5,000 in scholarships to nursing and paramedical students awarded each year.

And they will be asked to accept that role at the annual White Cap Ball October 29th at Crestview Country Club in Agawam. The ball is the major fund raising event for the scholarship program.

All work and no play can make auxiliaries dull groups. But there is no dullness in Cynthia's other plans. A holiday tea and boutique December 6th at her home in Longmeadow. The second jazz concert in March, tentatively planned at Chez Josef in Agawam. And a champagne brunch and fashion show April 25th at the Longmeadow Country Club.

A native of this area, Cynthia graduated from Northampton School for Girls and Stephens College in Columbia, Missouri with a degree in liberal arts with an emphasis on fashion. She taught in the personal appearance/modeling program at Stephens for one year before her marriage to Dr. Robert Bye, now a Springfield neurosurgeon, and the arrival of three children, Robin, 14; Candy, 9, and Jeffrey, 6.

A member of the auxiliary for many years, Cynthia became seriously involved because of newspaper editorials which she felt were unfair to physicians.

"I called the president of the auxiliary" and said, "We should do something about those editorials." And she said "Yes, why don't you."

"Once you start it's hard to say no and I was hooked."

□

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EXECUTIVE COMMITTEE

The Executive Committee met on Tuesday, September 20, 1977 in the Conference Room of the H.D.M.S.

Present were Drs. Verrilli, Remsberg, Walthall, Sachsse, Dasco, Magill, Stoddard, Lynn, Fitzpatrick and Mrs. Purdy.

The minutes had been sent previously and were approved.

Correspondence

A physician wrote concerned with the special yellow page listing. The committee discussed this and will write the physician that he has the right to be listed according to the list issued in 1976 by the H.D.M.S.

Dr. Verrilli informed the committee that he has invited the WMHPC to attend the November District Meeting. This will give the membership the opportunity to ask questions and talk with members of the Executive branch of the WMHPC.

The CME trip to St. Maarten's Island has been approved and the mailing sent out to physicians in Western Massachusetts for January of 1978.

Dr. Dasco will present some of the details of the Blue Shield lawsuit at the District Meeting in September.

The second surgical opinion that is being planned by the Massachusetts Mutual Insurance Company was discussed. Information will be sent shortly to the membership.

A meeting of the attorney and the auditor for the H.D.M.S. and Dr. Fitzpatrick, Chairman of the Academy of Medicine merger with H.D.M.S. was held during the summer. It was determined that this is impossible at this time.

Dr. Verrilli has formed an Ad Hoc Committee to study hospital costs with Dr. Sellei as chairman.

The South End Community Health Center Development Corporation has sent a plan in for developing a health center. The chairperson will be invited to attend the October Executive Committee to present the plan.

Dr. Verrilli has plans for a panel discussion to be held at the February District meeting on the Impaired Physician. Wives will be invited to attend and more details will be announced later.

The HEW has sent notices of public hearings to be held at the New England state capitols on NHI. The H.D.M.S. is going to write and ask if a public hearing could be held in Springfield. The MMS will be attending the one in Boston.

The office report was approved as written.

The meeting was adjourned at 10:30 p.m.

□

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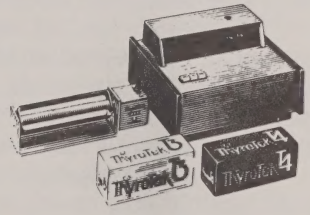

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HEALTH CARE COSTS

AN EDITORIAL A.M.A.

We physicians have three basic options in facing the problem of rising medical and hospital costs--which (according to a generally sympathetic study by the Robert Wood Johnson Foundation) may "prove to be the Achilles' heel" of the present system of care.

One option is simply to justify the costs--by validly citing such reasons as longevity-related chronic illness, new technology and techniques, broader insurance as a stimulus to broader services, and general inflation. But doing so is effective only up to a point.

A second option is to let the federal government make political hay out of rising medical prices.

The third alternative-- and ultimately the pragmatic one--is to develop and pursue our own initiatives against climbing costs.

We have to be aware that the government--while it often exploits public issues--does not pull them out of the blue. It is responding to widespread public concern about health-care costs, evidenced by the AMA-sponsored research recently reported.

It's significant that we physicians, too, are tending to see the cost problem as overwhelming, as the AMA report shows. And it's stimulating to read what the Medical Association of Georgia (MAG) has urged.

A report acted upon by the MAG House of Delegates--at its last annual session--declared, "Physicians must look at the cost of health care." The delegates adopted such recommendations as these:

* "Establishment of community meetings on health care costs to be composed of representatives from labor, management, local county medical societies, hospitals, the media and consumer interest groups, to be selected by the county medical societies." (The first such Georgia meeting is targeted for January.)

* Urging insurance companies to eliminate first-dollar coverage, use deductible and co-insurance, and expand out-patient benefits.

* Upgrading of medical audit procedures in hospitals. Restrictions on costly additional services, such as private room and private nurse services, by insurance carriers. Encouraging hospital medical staffs to inform themselves about costs.

* Encouraging local physicians to be active on task forces, committees, and boards of directors of the Health Systems Agencies called for by the Health Planning Act of 1974, "to assure that the best interests of patients are considered in all HSA decisions."

* Requesting assistance from medical schools in presenting the cost problem to their students.

Other parts of the nation will have their own approaches, as circumstances warrant. But the cost problem in general recognizes no state or county lines. Its universality is exemplified by the ardor of the AMA National Commission on the Cost of Medical Care and by the AMA Board of Trustees recommendation that physicians volunteer fee information to their patients.

Forces in Washington, D.C., have a big chip on their shoulder concerning the price of medical and hospital services. Let's think beyond the chip--shoulders to the cost-control wheel. □

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HCFWM - UPDATE

WILLIAM J. BAKER, M.D. PRESIDENT

The Health Care Foundation Of Western Massachusetts, Inc. has reached a crossroads in its effort to develop a comprehensive prepaid health insurance program for Western Massachusetts. As most area physicians know, the Foundation's physician-sponsored and directed HMO planning activities have focused on maintaining fee for service reimbursement, comprehensive coverage including office-based services, patients' freedom of choice of physicians, emphasis on ambulatory and preventive care, risk sharing and strong peer and utilization review.

A decision regarding the direction that the Foundation should pursue with respect to administrative services, e.g., marketing, subscriber enrollment, premium billing and collection, compliance with State and Federal regulations, and data processing services, e.g., claims reimbursement, maintaining eligiblity files and supplying detailed information necessary for peer and utilization review, is expected shortly by the Board of Directors.

Recognizing the promise of success, the Foundation has found numberous organizations competing for contractual involvement. Until recently, the Foundation has dealt solely with Blue Cross/Blue Shield believing that this statewide health insurance program was the only suitable resource available for necessary supportive functions. Now the Foundation is also engaged in serious discussions with a different team of business and technical professionals. This team consists of Frank B. Hall & Co., an internationally-know marketing, business management and consulting firm, and Dikewood Industries, a New Mexico based data processing organization currently engaged in a variety of Foundation and PSRO activities.

It must be recognized that even with the most competent professional and administrative support, the most significant program characteristic necessary for success is the active support, cooperation and participation of Western Massachusetts physicians and dentists. The implementation of this program will require the involvement, through Foundation membership, of at least 75% of all practicing

physicians in the region; at present, the Foundation represents approximately 40% of practicing physicians and dentists.

Today, there exists three organizational models through which an HMO may provide the services of health care professionals to its members. They are:

1. Individual Practice Association (IPA) - an HMO that contracts with a partnership, corporation, or association for the delivery of health services. Unlike the group practice arrangement, the IPA organization provides services in a variety of locations, allowing physicians to work directly from their own offices and permitting the HMO member to retain the mode of delivery to which he may be accustomed. Physicians are compensated by the IPA on a fee-for-service arrangement.
2. Staff HMO - an HMO that delivers services through its own physicians who are salaried employees of the HMO.
3. Group practice or closed-panel - an HMO that contracts with a medical group, partnership, or corporation for the provision of health services..In a group practice arrangement, all physicians are usually located in one facility and are compensated on a salary or capitation basis.

Since the introduction of the HMO concept, the need for practicing physicians to build upon and improve the existing health care delivery structure has grown substantially. If these changes are not initiated by physicians, there is little doubt that the Government is prepared to move in.

Now that the Health Care Foundation of Western Massachusetts, Inc., has successfully established its Peer Review System, the Foundation has placed renewed emphasis on developing a comprehensive prepaid health care program to be offered to all residents in Western Massachusetts. The target date for operation of this innovative health care delivery system is the summer of 1978. While the program is primarily an HMO, it will take the organizational structure of an IPA-type, open-panel HMO and not of the more traditional closed-panel HMO. As an IPA-type HMO, the Foundation Health Plan will offer every physician and dentist practicing in Western Massachusetts an opportunity to participate in the program. Also, unlike the closed-panel system, there will be no restrictions as to the location where medical services are to be rendered and, as mentioned

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earlier, the fee-for-service reimbursement mechanism will remain intact. In other words, the patients will be directed by their physician to the health care setting that is considered medically appropriate and cost effective whether it be a physician's office, hospital out-patient department, skilled nursing facility, ambulatory day care center, surgical day care center, or an acute care hospital. Through the judicious use of appropriate settings of care, supported by the proper benefit structure and reimbursement mechanism, the Health Care Foundation will offer a sound Health Services Program at a cost competitive with other forms of health insurance. Once implemented, fiscal integrity will be achievable only through continued emphasis on the provision of ambulatory care, which, in itself, is considered more economical and convenient for patients and most physicians. In addition, the Foundation will incorporate strong peer and utilization programs which will be geared to assure high quality and control costs.

Indeed, one of the major goals of the Health Care Foundation of Western Massachusetts, Inc. is to keep the physician in the management of the health care delivery system, and simultaneously, offer the patient greater accessibility to high quality comprehensive care without Government intervention. The threat of Governmental regulation hangs heavy and grows weightier day by day. The Foundation Health Plan is one which is being designed to be capable of reconciling the needs and goals of the Profession, Public and Federal Government. By offering a program which insures quality, professional accountability and financial security, the intervention of Governmental controls can be delayed and possibly obviated.

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District Meeting

of the

HAMPDEN DISTRICT MEDICAL SOCIETY

DATE: Tuesday, November 22, 1977

PLACE: Storrowton Tavern, Stagecoach Barn
Memorial Drive
West Springfield, Mass.

BUSINESS MEETING: 6:00 P.M.

SOCIAL HOUR: 7:00 P.M.

DINNER: 7:30 P.M.

Further announcement will be made in the November issue and the Newsletter. The Western Massachusetts Health Planning Council will be present for information on their activities.

This meeting is a combined meeting of the Hampden District Medical Society and the Springfield Academy of Medicine.

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HEALTH CARE COSTS--OVER BEDDING BSMD--COMMON SENSE

WALTER J. PACOSA, M.D.

Health Care Costs are Rising. Measured by the Consumer Price Index, the cost of medical care has risen to 184.7 by the end of 1976. That is something that costs a dollar in the baseline year of 1967 has increased to almost a $1.85. Many have stated that it is the fastest rising item in the C.P.I., that is not true. For comparison lawyers charges, were 199.9 on the C.P.I., insurance and finance charges were 196.1; postal charges at 222.3, and the dinner table was affected by higher prices. Coffee itself was 243.6; bacon 210.4;-potatoes 200.1. Coal or heating oil 250.8, gas 200.9. Interestingly the per capita income has more than doubled since 1967 to 202.0 in 1976. Social Security Taxes have risen faster than either consumr prices or income. The maximum Social Security Tax index in 1977 will be 332.4. We are not saying that the Health Care Costs are to be disregarded.

What are the facts? How much have health care costs gone up and why and where. Furthermore what will happen to them in the future. For these answers we look to Vincent P. Barabba, Director of U.S. Bureau of Census. In July 1976 he presented his findings to A.M.A.'s Multidisciplinary Commission on cost of Medical Care. His findings are as follows: In the period from 1950 to 1975 the cost increased 10 fold, from 12 billion to 120 billion. In 1950 5% of the gross national products went to health care. In 1975 the figure was 8%, in Massachusetts it is estimated to be 11%.

In 1950 the per capita expenditures for health care were $78 and in 1975 it was $547. Interestingly in Massachusetts in 1975 it was $744, 23%higher than the national average. From 1965 to 1975, 53% of the total cost increase was due to inflation, 38% was due to other factors including greater utilization and quality improvements and only 9% population growth.

The cost of hospital care is the largest element in the Health Care Cost. It is also the most rapidly increasing. In 1950 we spent $24. per capita for hospital care-iin1975 we spent $215. The percentage of the hospital care costs paid directly by the consumer is decreasing because

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of growth of third party payers. Yet the dollar amount paid by the consumer for hospital care has increased because of the increase in total expenditures. In 1965 third party paid for 81% of hospital costs, 1975 it was 92%. The average hospital stay in 1965 was $311. in 1975 it is over $1,000. While insurance covers over 90% of all hospital bills, that money nevertheless comes from our pockets. We pay for insurance whether we use it or not. General Motors estimates that its insurance costs are $144. per worker per month. This figure is important to us when we buy G.M. products. We must include the amount the workers pay in taxes for governmental medical services which now accounts for 40% of the nations total medical care bill. How about the future? The Social Security Department has predicted that we will spend $1,159 per capita on health care by 1981, in Massachusetts it will be $1,424 more than double what we now spend per capita, in only four years.

A study prepared by Arthur D. Little, Inc., a consulting concern estimates Americans will spend 240 billion a year on health services by 1988. The figure which is staggering, represents a leveling off in the 80's stated Richard E. Hughes, Director of the Consulting Concern's Health Care Industry Service Program. The study was prepared for the Health Care Industries as a guide for health care expenditures for the Carter Administration. According to Mr. Hughes, catastrophic, maternal and child health coverage are likely to be in effect in early 1980's. The emphasis in the future will be on cost containment. These trends will include; a decrease in hospital capacity ratio to population; in patient days per annum declining from the present 1,234 for each thousand population to 1,100 in 1988; a reduction in frequently performed operations such as tonsillectomies; greater utilization of ambulatory services outside hospital setting; and growth of Health Maintenance Organizations enrolled by 1988.

Surplus beds will cost $52 per person in 1977 in Western Massachusetts according to Western Massachusetts Health Planning Council, Inc. Of interest the B.S.M.C. in its merger maintains 20 pediatric beds at the Wesson Memorial Campus with under 50% occupancy and 66 pediatric beds at Springfield Hospital Campus with 50% occupancy. There are approximately 43 surplus beds. With decline of the birth rate in the Commonwealth from120,000 a decade ago to 68,000 in 1975 the hope that these beds will serve some useful purpose remains slim. Using the Western Mass. Health Planning Council figure of $43,000 per year of maintaining an empty bed the loss per year is $1,849,000. Would it be wise to merge these two pediatric units? □

Hampden District Medical Society

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PART II

SUGGESTED TREATMENT OF GONORRHEAL & NON-GONOCOCCAL URETHRITIS [NGU]

The drug of choice in the treatment of gonorrhea is **Procaine Penicillin G in Aqueous Suspension.** Bicillin should not be used in the treatment of gonorrhea. Patients sensitive to penicillin may be treated with the alternate drugs as suggested below.

I. UNCOMPLICATED GONORRHEA IN MALE AND FEMALE:
Urethritis, Cervicitis, and Pharyngitis:
Procaine Penicillin G in Aqueous Suspension, I.M. - single dose of 4,800,000 units.
Patients Sensitive to Penicillin:
a. Tetracycline:0.5 gm. P.O. every 6 hours for no less than 4 days, total of 16 doses (8gms.)
b. Erythromycin: 1 gm. P.O. initial dose, then 500 mgms. every 6 hours for 4 days.
c. Doxycycline: 100 mgms. P.O. 2 times daily for 4 days.
d. Minocycline: 100 mgms. P.O. 2 times daily for 4 days.
Spectinomycin: (Trobicin) Males andd Females 2 gms. I.M. in a single dose.

II. PELVIC INFLAMMATORY DISEASE:
a. Procaine Penicillin G in Aqueous Suspension, 4,800,000 units I.M. state, followed by oral ampicillin 0.5 gms. 4 daily for next 9 days - total 10 day treatment.
Patients Sensitive to Penicillin:
b. Tetracycline: 0.5 gm. P.O. every 6 hours for 10 days.
c. Doxycycline: 100 mgms. P.O. every 12 hours for 10 days.
d. Minocycline: 100 mgms. P.O. every 12 hours for 10 days.

III. GONOCOCCAL PROCTITIS:
a. Procaine Penicillin G in Aqueous Suspension, 4,800,000 units I.M. followed by oral ampicillin 0.5 gms. 4 times daily for next 4 days - total 5 days treatment.
b. Procaine Penicillin G in Aqueous Supension, 4,800,000 units I.M. followed by 2,400,000 units I.M. daily for the next four days.
Patients Sensitive to Penicillin:
a. Spectinomycin (trobicin): 4 gms. I.M. stat.

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b. Tetracycline: 0.5 gm. P.O. every 6 hours for no less than 5 days.
c. Doxycycline: 100 mgms. P.O. every 12 hours for 5 days.
d. Minocycline: 100 mgms. P.O. every 12 hours for 5 days.

IV. DISSEMINATED GONOCOCCAL INFECTION:
a. Procaine Penicillin G in Aqueous Suspension, 4,800,000 units I.M. followed by oral ampicillin 0.5 gm. P.O. 4 times daily for next nine days.

Patients Sensitive to Penicillin:
a. Tetracycline: 0.5 gm P.O. four times daily for 10 days.

V. PENICILLIN RESISTANT GONORRHEA:
a. Spectinomycin: 2 gms. I.M.

VI. GONOCOCCAL VULVOVAGINITIS:
a. Children from 2-6 years of age receive one quarter the adult dose of penicillin I.M.
b. Children from 7-12 years of age receive one half the adult dose of penicillin I.M.

Children Sensitive to Penicillin:
a. Children from 2-6 years of age receive one quarter the adult dose of tetracycline P.O.
b. Children from 7-12 years of age receive one half the adult dose of tetracycline P.O.

VII. GONOCOCCAL OPHTHALMIA NEONATORUM:
a. Procaine Penicillin G. in Aqueous Suspension, 300,000 units I.M. every 12 hours for 5 days or 48 hours after the eyes appear normal, and smears and cultures are negative.
b. Local saline irrigations.

VIII. NON-GONOCOCCAL URETHRITIS (NGU):
a. Tetracycline: 0.5 gm. P.O. four times daily for 5 to 7 days.

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Chief, Dept. Cardiology
Baystate Medical Center

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b. Erythromycin: 0.5 gm. P.O. four times daily for 5 to 7 days.
c. Doxycycline: 100 mgm. P.O. every 12 hours for 5 to 7 days.
d. Minocycline: 100 mgm. P.O. every 12 hours for 5 to 7 days.

IX. INCUBATING SYPHLIS:

If the initial blood test for syphilis is nonreactive, follow up for possible syphillis is not necessary, since the above schedules execpt spectinomycin are curative for incubating syphillis.

LEGIONNAIRES' DISEASE

Sporaddic cases of Legionnaires' Disease are occurring nationally - they present as an atypical pneumonia - diagnosis may be confirmed by sending paired blood serum samples to the State Diagnostic Laboratory, 305 South Street, Jamaica Plain, Massachusetts 02130. The state laboratory will then forward them to the Center for Disease Control in Atlanta for testing. Agar dilution sensitivity tests indicate the organism of Legionnaires Disease is exquisitely sensitive to erythromycin, intermediate sensitivity to tetracycline and methicillin and resistant to vanocomycin. □

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The annual H.D.M.S. Golf Tournament, originally scheduled for August 17, but postponed because of stormy weather, was held on August 24 at the Longmeadow Country Club. All but four of the sixteen-man field finished before thunder showers rendered the course unsafe and unplayable.

This year's champion was Dr. Don Wetherbee. Other prize winners included: Joe Stirlacci, 2nd low gross: Max Cloud, low net: Steve Holsten and Burritt Haag, 2nd low net. The guest winner and scorer of the day's lowest round was Dick White.

A convivial dinner followed cocktails and the usual 19th hole post mortems. □

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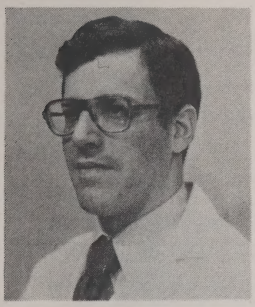
Chairman



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